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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number     | 10/002,220        |  |
|------------------------|-------------------|--|
| Filing Date            | November 15, 2001 |  |
| First Named Inventor   | Melvin E. Kamen   |  |
| Art Unit               | 1714              |  |
| Examiner Name          | Callie E. Shosho  |  |
| Attorney Docket Number | 10554-089-999     |  |

| P.O.  | nmissioner fo<br>Box 1450<br>andria, VA 2  |  |  |                        |                                      |  |  |  |  |  |
|---|--|--|--|------------------------|--------------------------------------|--|--|--|--|--|
| Pleas   | Please withdraw me as attorney or agent for the above identified patent application, and |  |  |                        |                                      |  |  |  |  |  |
|   | all the attorneys/agents of record.  |  |  |                        |                                      |  |  |  |  |  |
|   | the attorneys/agents (with registration numbers) listed on the attached paper(s), or     |  |  |                        |                                      |  |  |  |  |  |
| the attorneys/agents associated with Customer Number  |  |  |  | 20583                  |                                      |  |  |  |  |  |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. |  |  |  |                        |                                      |  |  |  |  |  |
| The reaso   | ons for this requ  | uest are:  |  |                        |                                      |  |  |  |  |  |
|   |  | Client has not paid bills.   |  |                        |                                      |  |  |  |  |  |
|   |  | CORRESPON  | ENCE ADD   | RESS                   |                                      |  |  |  |  |  |
| 1. T  | The correspondence address is NOT affected by this withdrawal.                           |  |  |                        |                                      |  |  |  |  |  |
| 2. 🗸 C  | hange the corr   | espondence address and direct all  | future correspond                                | dence to:              |                                      |  |  |  |  |  |
| The address associated with Customer Number:  |  |  |  |                        |                                      |  |  |  |  |  |
| OR  |  |  |  |                        |                                      |  |  |  |  |  |
| 1 / 1   | m <i>or</i><br>Iividual Name   | Andrew J. Schlossman   |  |                        |                                      |  |  |  |  |  |
| Address   |  | RevTech, Inc.<br>2121 Route 27   |  |                        |                                      |  |  |  |  |  |
| City  |  | Edison   | State <sub>NJ</sub>                              |                        | Zip 08818                            |  |  |  |  |  |
| Country   |  | U.S.A.   | <u> </u>   |                        |                                      |  |  |  |  |  |
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| Signature   | Thomas   | H Rown by : Kish ;   | Blu Rg.  | No. 44.516             |                                      |  |  |  |  |  |
| Name  | Thomas G. Rov  |  | , ,  | Registration No.       | 34,419                               |  |  |  |  |  |
| Date  | e April 11, 2008   |  |  | Telephone No.          | 212-326-3939                         |  |  |  |  |  |
| NOTE: Withdra<br>date of a time   | awal is effective wh<br>period for response  | nen approved rather than when received. Unli<br>o or possible extension period, the request to | ess there are at least<br>withdraw is normally o | 30 days between approd | val of withdrawal and the expiration |  |  |  |  |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.